REMARKS

Kindly change the title to:

-- A TITRATION SYSTEM FOR TREATING CEREBRAL VASOSPASMS –

A substitute page 1 containing the new title is enclosed.

Claims 32-37 have been cancelled. The remaining claims are 38-44. A copy of the remaining Claims is attached.

The Examiner rejected Claims 38-44 under 35 U.S.C. § 103 as obvious based upon Shaw et al. in view of Stanley et al., Fung et al. and Ragauskas et al. Claim 38 has been amended to limit the test for cerebral vasospasm.

Shaw et al. describes a method for treating ischemic conditions by administering a vasodilator to a patient continuously without intermediate testing at a rate of from 10 micrograms to 400 micrograms per hour. There is no suggestion that the dosage is adjusted over time to titrate the dosage to minimize severity of a vasospasm.

Stanley et al. describes a sustained lollipop delivery vehicle for cardiovascular or renal vascular activities. Stanley et al. is not directed to cerebral vasospasms and does not suggest that the dosage can be adjustable over time in response to titration testing.

Fung et al. is directed to a treatment for congestive heart failure and is not concerned with cerebral vasospasms. Furthermore, Fung et al. only increases dosages until angina is effectively controlled. There is no suggestion that dosages are adjusted to minimize occurrence and severity of a vasospasm.

Ragauskas et al. suggests the possibility of evaluating cerebral vasospasms using ultrasonic pulses within the intracranial medium.

Taking Shaw et al., Stanley et al., Fung et al. and Ragauskas et al. together and considering them as a whole, they describe treating ischemic conditions by administering a vasodilator over sustained periods of time with increasing dosages and evaluating cerebral vasospasms with ultrasonic pulses.

In contrast, applicant's invention of Claims 38-44 is directed to a titration system for treating a disease caused by insufficient cerebral perfusion, the system employing (1) a flow measuring device to test for cerebral vasospasm, (2) a dosage device that administers a vasospasm-reducing dosage of a particular medicine and (3) the dosage device being adjustable over time to titrate the dosage either upwards or downwards or substitute another medicine to minimize severity of the vasospasm. Applicant's treatment system relies on the adjustable dosage based on titration of the dosage and changes made as necessary. The prior art in combination does not describe such an invention.

In addition it is noted that the Examiner has picked and chosen portions of four references in order to support an argument that applicant's Claims 38-44 are obvious. In fact the four references do not teach application's titration system. Nevertheless, the Court of Appeals for the Federal Circuit has stated, "It is impermissible to use the claimed invention as an instruction manual or template to piece together the teachings of the prior art so that the claimed invention is rendered obvious. This Court has previously stated that one cannot use hindsight reconstruction to pick and chose among isolated disclosures in the prior art to deprecate the claimed invention." See In re

Fritch 23 U.S.P.Q. 2d 1780, 1784 (Fed. Cir. 1992).

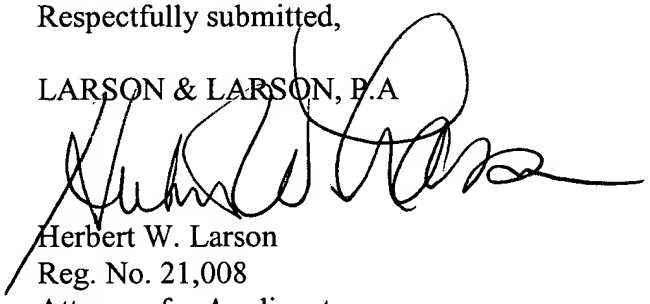
Of the references cited, only the Shaw et al. and Ragauskas et al. references even relate to cerebral vasospasms. These references together do not teach applicant's invention of Claims 38-44. The other references are not even concerned with cerebral vasospasms and should not be used in an obviousness rejection.

Taking all four cited references as a whole they do not make applicant's invention of Claims 38-44 obvious within the meaning of 35 U.S.C. § 103(a). Therefore, the rejection of Claims 38-44 should be withdrawn.

In view of all the above it is believed that Claims 38-44 are in condition for allowance. Such action is earnestly solicited.

Respectfully submitted,

LARSON & LARSON, P.A



Herbert W. Larson
Reg. No. 21,008
Attorney for Applicant